



C A L I F O R N I A D E P A R T M E N T O F
Mental Health

Division of Program Compliance – Audits Branch
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January 21, 2009

Allan Rawland, Director
San Bernardino County
268 West Hospitality Lane, Suite 400
San Bernardino, CA 92415-0926

Dear Mr. Rawland:

**AUDIT REPORT – SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH**

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of San Bernardino County Department of Behavioral Health for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:



NET PROGRAM COSTS


	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 30,908,115	\$ 29,072,426	\$ (1,835,689)
Federal Share of Healthy Families/Medi-Cal	\$ 386,367	\$ 376,743	\$ (9,624)
State General Funds EPSDT Due State	\$ 7,818,024	\$ 7,816,991	\$ (1,033)

Allan Rawland, Director
San Bernardino County
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If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

 
WALTER J. HILL, JR., MBA, EA
Chief of Audits


RAQUEL RIOS, Supervisor
Audits - Southern Region

Enclosures

Certified Mail

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 23,205,555	\$ (1,796,063)	\$ 21,409,492
HEALTHY FAMILIES - FFP	(Sch. 2a)	292,686	(7,836)	284,850
TOTAL FFP - COUNTY PROVIDERS		\$ 23,498,241	\$ (1,803,899)	\$ 21,694,342
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 7,702,560	\$ (39,626)	\$ 7,662,934
HEALTHY FAMILIES - FFP	(Sch. 3b)	93,681	(1,788)	91,893
TOTAL FFP - CONTRACT PROVIDERS		\$ 7,796,241	\$ (41,414)	\$ 7,754,827
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 30,908,115	\$ (1,835,689)	\$ 29,072,426
HEALTHY FAMILIES - FFP		386,367	(9,624)	376,743
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 31,294,482	\$ (1,845,313)	\$ 29,449,169
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	* \$ 7,818,024	\$ (1,033)	\$ 7,816,991

Note: * The As Settled amount includes a refund of \$68,649 to the State subsequent to the initial EPSDT Settlement dated April 28, 2006.
(Refer to adjustment 297.)

SCHEDULE 2

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 4,920,860	\$ (59,866)	\$ 4,860,994
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	27,403,480	(98,717)	27,304,763
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	214,864	23,066	237,930
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	10,322	3,843	14,165
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	14,848	(0)	14,848
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	381,401	(10,709)	370,692
9. Total		<u>\$ 32,945,775</u>	<u>\$ (142,383)</u>	<u>\$ 32,803,392</u>

Less: Patient & Other Payer Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 776,864	\$ (80,221)	\$ 696,643
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	337,869	(14,376)	323,493
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 1,114,733</u>	<u>\$ (94,597)</u>	<u>\$ 1,020,136</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 4,143,996	\$ 20,355	\$ 4,164,351
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	27,280,475	(61,275)	27,219,200
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	10,322	3,843	14,165
23. Healthy Families-I/P	(Ln 7 - Ln 16)	14,848	(0)	14,848
24. Healthy Families-O/P	(Ln 8 - Ln 17)	381,401	(10,709)	370,692
25. Total		<u>\$ 31,831,042</u>	<u>\$ (47,786)</u>	<u>\$ 31,783,256</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 883,798	\$ (499,884)	\$ 383,914
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	1,079,781	(851,256)	228,525
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	960,433	(601,854)	358,579
29. Total		<u>\$ 2,924,012</u>	<u>\$ (1,952,994)</u>	<u>\$ 971,018</u>

**SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2004**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 8,298,700	\$ (31,121)	\$ 8,267,579
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 8,134,054	\$ (1,309,886)	\$ 6,824,168
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 8,134,054</u>	<u>\$ (1,309,886)</u>	<u>\$ 6,824,168</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 54,037	\$ (1,346)	\$ 52,691
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 77,326	\$ 2,694	\$ 80,020
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 54,037</u>	<u>\$ (1,346)</u>	<u>\$ 52,691</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 716,842	\$ 0	\$ 716,842
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 207,631</u>	<u>\$ 0</u>	<u>\$ 207,631</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 16,644,982	\$ (32,995)	\$ 16,611,987
46. Enhanced (Children)	(MH1979, Ln 17,17A)	139,662	14,992	154,654
47. Enhanced (Refugees)	(MH1979, Ln 18)	10,322	3,843	14,165
48. MAA	(MH 1979, Ln 11, 12 & 13)	1,702,114	(1,126,960)	575,154
49. Administrative Reimbursement	(MH1979, Ln 6)	4,067,027	(654,943)	3,412,084
50. U.R. Skilled Professional	(MH1979, Ln 14)	537,632	0	537,632
51. U.R. Other	(MH1979, Ln 15)	103,816	0	103,816
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 23,205,555</u>	<u>\$ (1,796,063)</u>	<u>\$ 21,409,492</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	<u>0</u>	<u>0</u>	<u>0</u>

56. Total SD/MC Reimbursement - FFP		<u>\$ 23,205,555</u>	<u>\$ (1,796,063)</u>	<u>\$ 21,409,492</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 257,562	\$ (6,961)	\$ 250,601
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	<u>35,124</u>	<u>(875)</u>	<u>34,249</u>
60. Total Healthy Families Reimbursement - FFP		<u>\$ 292,686</u>	<u>\$ (7,836)</u>	<u>\$ 284,850</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 23,498,241</u>	<u>\$ (1,803,899)</u>	<u>\$ 21,694,342</u>
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(To Sch. 1)

[illegible]

[illegible]

(To Sch. 1)

SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)(Adj. 293)		\$ 41,718,733	\$ (130,370)	\$ 41,588,363
(2) Total SD/MC Claims	(Adjustment 294)	\$ 47,648,989	\$ (248,999)	\$ 47,399,990
(3) Percent % (Line 1/Line 2)		87.55%	0.19%	87.74%
(4) EPSDT Claims	(Adjustment 295)	\$ 27,727,242	\$ (248,999)	\$ 27,478,243
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		\$ 24,275,200	\$ (165,790)	\$ 24,109,410
(6) Cost Settled Baseline for EPSDT		\$ 6,384,407	\$ 0	\$ 6,384,407
(7) Net Cost Settlement Amount (Line 5 - Line 6)		\$ 17,890,793	\$ (165,790)	\$ 17,725,003
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)		\$ 8,355,000	\$ (77,424)	\$ 8,277,576
(8a) FY 2001-02 EPSDT Settlement		\$ 3,671,730	\$ 0	\$ 3,671,730
(8b) Annual Local Growth (L. 8 - 8a)		\$ 4,683,270	\$ (77,424)	\$ 4,605,846
(9) County Match 10% of Local Growth (8b x 10%)		\$ 468,327	\$ (7,742)	\$ 460,585
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 296)	\$ 7,886,673	\$ (69,682)	\$ 7,816,991
(11) SGF Distribution (Settled and Audited)	(Adjustment 297)	\$ 7,886,673	\$ (68,649)	\$ 7,818,024
(12) SGF Due County (State)	(Adjustment 298)	\$ 0	\$ (1,033)	\$ (1,033)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (9) SGF gross distribution (Sec DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (10) Amount owed back to the state cannot be more than was advanced or settled.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				ADJUSTMENTS TO REPORTED COSTS			
1	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To reclassify costs as a result of the recalculation of Medi-Cal Administrative Activities (MAA) costs. The County allocated treatment costs to Modes 10, 15, 45, 55 and 60 based on productive hours. Costs for Mode 55 (MAA) must be actual costs and be directly allocated. Mode Costs - MAA \$ (2,683,013) Administrative Costs 112,040 Mode Costs - Direct Services 2,570,973 \$ 0	\$ 0	\$ 0	\$ 0 *
2	MH 1960	6	C	COST AND FINANCIAL REPORTING SYSTEM (CFRS), INSTRUCTION MANUAL, CFRS - 24 MEDI-CAL ADJUSTMENTS To eliminate unsupported MAA costs. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), PUBLICATION (PUB) 15, SECTION 2304	** \$ 0	\$ (11,155)	\$ (11,155) *
3	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To reflect the effect of the recalculation of MAA costs on Therapeutic Behavioral Services (TBS) in conjunction with adjustment number 1. Mode Costs - MAA \$ (66,241) Mode Costs - Direct Services 66,241 \$ 0 CMS, PUB. 15, SECTION 2304	** \$ (11,155)	\$ 0	\$ (11,155) *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
4	MH 1960	6	C	MEDI-CAL ADJUSTMENTS ** \$ (11,155)	\$ (11,155)	\$ 0	\$ (11,155) *
				To reflect the effect of the recalculation of MAA costs on CalWORKS in conjunction with adjustment number 1.			
				Mode Costs - MAA \$ (194,480)			
				Mode Costs - Direct Services 194,480			
				\$ 0			
				CMS, PUB. 15, SECTION 2304			
5	MH 1960	6	C	MEDI-CAL ADJUSTMENTS ** \$ (11,155)	\$ (11,155)	\$ 31,493	\$ 20,338 *
				To include depreciation expense for prior year audit exceptions made in FY 1993-94.			
				CMS, PUB. 15, SECTION 102			
6	MH 1960	6	C	MEDI-CAL ADJUSTMENTS ** \$ 20,338	\$ 20,338	\$ 29,007	\$ 49,345 *
				To include depreciation expense for prior year audit exceptions made in FY 2002-03.			
				CMS, PUB. 15, SECTION 102			
7	MH 1960	6	C	MEDI-CAL ADJUSTMENTS ** \$ 49,345	\$ 49,345	\$ 6,222	\$ 55,567 *
				To adjust Fee-For-Service (FFS) and Administrative Service Organizations (ASO) payments to agree with County's records.			
				FFS Outpatient Services \$ 5,472			
				ASO Outpatient Services 750			
				\$ 6,222			
				CMS, PUB. 15, SECTION 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
8	MH 1960	6	C	<p>MEDI-CAL ADJUSTMENTS **</p> <p>To reclassify CC #2262 CalWORKS Rialto from regular outreach to CalWORKS outreach. This cost center was not included with the other CalWORKS costs.</p> <p>Mode Costs - Regular Outreach \$ (32,608)</p> <p>Mode Costs - CalWORKS Outreach <u>32,608</u></p> <p>\$ <u>0</u></p> <p>CMS, PUB. 15, SECTION 2304</p>	\$ 55,567	\$ 0	\$ 55,567 *
9	MH 1960	6	C	<p>MEDI-CAL ADJUSTMENTS **</p> <p>To reclassify SAMHSA Block Grant outpatient costs to avoid duplicate reimbursement for county operated clinics.</p> <p>Mode Costs - Regular Outpatient \$ (1,306,407)</p> <p>Mode Costs - Block Grant Outpatient <u>1,306,407</u></p> <p>\$ <u>0</u></p> <p>CMS, PUB. 15, SECTION 2304</p>	\$ 55,567	\$ 0	\$ 55,567 *
10	MH 1960	6	C	<p>MEDI-CAL ADJUSTMENTS **</p> <p>To adjust reported costs of Arrowhead Regional Medical Center (ARMC) to agree with audit findings per State Department of Health Services' Audit Report dated October 18, 2006.</p> <p>Psych Inpatient Costs \$ (1,894,638)</p> <p>Psych Outpatient Costs <u>(170,972)</u></p> <p>\$ <u>(2,065,610)</u></p> <p>CMS, PUB. 15, SECTION 2304</p>	\$ 55,567	\$ (2,065,610)	\$ (2,010,043) *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
11	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To eliminate prior year expenses from CC #2212 Vista Counseling. CMS, PUB. 15, SECTION 2304	** \$ (2,010,043)	\$ (62,946)	\$ (2,072,989) *
12	MH 1960	6	C	MEDI-CAL ADJUSTMENTS To eliminate payments for indigent services. Inpatient indigent services were provided under contract and payments should have been reported on MH 1960, Line 3, Less: Payments to Contract Providers. CFRS, INSTRUCTION MANUAL, CFRS - 31	** \$ (2,072,989)	\$ (310,229)	\$ (2,383,218)
13	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 8,134,054	\$ (1,309,886)	\$ 6,824,168
14	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	77,326	2,694	80,020
15	MH 1960	11	C	NON SD/MC ADMINISTRATION	3,804,629	1,160,647	4,965,276
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	\$ <u>12,016,009</u>	<u>(146,545)</u>	\$ <u>11,869,464</u>
				To adjust SD/MC, Healthy Families and Non-SD/MC Administrative Costs in conjunction with adjustment numbers 1, 5, 6 and 12. The reallocation of audited administrative costs was based on unique client count after the allocation of administrative costs to Mode 45 and Mode 60 based on gross costs. CFRS, INSTRUCTION MANUAL, CFRS - 33			
16	MH1960	17	C	RESEARCH AND EVALUATION To adjust research and evaluation costs in conjunction with adjustment number 1.	\$ 105,176	\$ 2,261	\$ 107,437
17	MH1960	18	C	MODE COSTS (DIRECT SERVICES AND MAA) To adjust mode costs in conjunction with adjustment numbers 1, 2, 3, 4, 5, 7, 8, 9, 10 and 11.	\$ 73,185,406	\$ (2,238,934)	\$ 70,946,472
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
18	MH 1964	2	1	HOSPITAL INPATIENT SERVICE (MODE 5 - SFC 10-19)	\$ 19,837,174	\$ (1,894,638)	\$ 17,942,536
Info	MH 1964	3	1	OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC)	0	0	0
19	MH 1964	4	1	DAY SERVICES (MODE 10)	1,647,186	112,450	1,759,636
20	MH 1964	5	1	OUTPATIENT SERVICES (MODE 15)	39,567,578	1,935,337	41,502,915
21	MH 1964	6	1	OUTREACH SERVICES (MODE 45)	6,832,066	283,532	7,115,598
22	MH 1964	7	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	3,964,645	(2,694,168)	1,270,477
23	MH 1964	8	1	SUPPORT SERVICES (MODE 60)	1,336,757	18,553	1,355,310
Info	MH 1964	9	1	TOTAL	\$ <u>73,185,406</u>	\$ <u>(2,238,934)</u>	\$ <u>70,946,472</u>
				To distribute audited Direct Services cost to Inpatient Services, Day Services, Outpatient Services, Outreach Services, Medi-Cal Administrative Activities and Support Services in conjunction with adjustment numbers 1, 2, 3, 4, 5, 7, 8, 9, 10 and 11.			
				<u>MODE-SF</u>			
24	MH1966	3	B	TBS 15-58	\$ 269,342	\$ 66,241	\$ 335,583
25	MH1966	3	C	ASO 15-30	266,380	470	266,850
26	MH1966	3	D	ASO 15-60	67,965	280	68,245
27	MH1966	3	E	FFS 15-30	1,903,250	(1,903,250)	0
28	MH1966	3	F	FFS 15-60	1,152,496	(1,152,496)	0
29	MH1966	3	G	FFS PSYCHIATRIST 15-32	0	363,835	363,835
30	MH1966	3	H	FFS PSYCHIATRIST 15-62	0	1,156,546	1,156,546
31	MH1966	3	I	FFS PSYCHOLOGIST 15-33	0	844,047	844,047
32	MH1966	3	J	FFS LCSW 15-34	0	164,787	164,787
33	MH1966	3	K	FFS MFCC 15-35	0	532,003	532,003
Info				TOTAL	\$ <u>3,659,433</u>	\$ <u>72,463</u>	\$ <u>3,731,896</u>
				To adjust Outpatient Program 2 expenditures to agree with County's records.			
				CMS, PUB. 15, SECTION 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number	No. of Adj.	Fiscal Period Ended	
						00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.						
				<u>ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE</u>					
				<u>MODE-SF</u>					
34	MH1966	3	B	TBS	15-58	\$ 3.62	\$ 0.90	\$ 4.52	
35	MH1966	3	C	ASO	15-30	1.30	0.05	1.35	
Info	MH1966	3	D	ASO	15-60	4.66	0.00	4.66	
36	MH1966	3	E	FFS	15-30	1.01	(1.01)	0.00	
37	MH1966	3	F	FFS	15-60	1.93	(1.93)	0.00	
38	MH1966	3	G	FFS PSYCHIATRIST	15-32	0.00	1.41	1.41	
39	MH1966	3	H	FFS PSYCHIATRIST	15-62	0.00	1.92	1.92	
40	MH1966	3	I	FFS PSYCHOLOGIST	15-33	0.00	1.12	1.12	
41	MH1966	3	J	FFS LCSW	15-34	0.00	1.10	1.10	
42	MH1966	3	K	FFS MFCC	15-35	0.00	1.09	1.09	
				To adjust Outpatient Program 2 cost per unit to agree with County's records.					
				CMS, PUB. 15, SECTION 2304					
				<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>					
				<u>MODE-SF</u>					
43	MH1966	2	B	TOTAL UNITS - MAA	15-03	219,540	(52,860)	166,680 *	
44	MH1966	2	C	TOTAL UNITS - MAA	15-06	165,300	(85,440)	79,860 *	
45	MH1966	2	D	TOTAL UNITS - MAA	15-09	103,578	(17,898)	85,680 *	
46	MH1966	2	E	TOTAL UNITS - MAA	15-13	105,738	(37,578)	68,160 *	
47	MH1966	2	F	TOTAL UNITS - MAA	15-16	30,432	(4,872)	25,560 *	
48	MH1966	2	G	TOTAL UNITS - MAA	15-19	85,206	(27,426)	57,780 *	
49	MH1966	2	H	TOTAL UNITS - MAA	15-23	203,406	(92,166)	111,240 *	
50	MH1966	2	I	TOTAL UNITS - MAA	15-26	492,336	(83,556)	408,780 *	
51	MH1966	2	J	TOTAL UNITS - MAA	15-29	38,274	(5,274)	33,000 *	
52	MH1966	2	K	TOTAL UNITS - MAA	15-34	349,308	(143,268)	206,040 *	
53	MH1966	2	L	TOTAL UNITS - MAA	15-39	362,064	(62,784)	299,280 *	
Info				TOTAL		<u>2,155,182</u>	<u>(613,122)</u>	<u>1,542,060</u>	
				To adjust MAA total units in conjunction with adjustment number 1.					
				* Balance carried forward to subsequent adjustment.					
				** Balance brought forward from prior adjustment.					

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>			
				<u>MODE-SF</u>			
54	MH1966	2	B	TOTAL UNITS - MAA 15-03 **	166,680	(507)	166,173
55	MH1966	2	C	TOTAL UNITS - MAA 15-06 **	79,860	(1,240)	78,620
56	MH1966	2	E	TOTAL UNITS - MAA 15-13 **	68,160	(1,987)	66,173
57	MH1966	2	H	TOTAL UNITS - MAA 15-23 **	111,240	(483)	110,757
58	MH1966	2	I	TOTAL UNITS - MAA 15-26 **	408,780	(4,540)	404,240
59	MH1966	2	J	TOTAL UNITS - MAA 15-29 **	33,000	(60)	32,940
60	MH1966	2	K	TOTAL UNITS - MAA 15-34 **	206,040	(1,495)	204,545
61	MH1966	2	L	TOTAL UNITS - MAA 15-39 **	299,280	(2,098)	297,182
						<u>(12,410)</u>	
				To adjust MAA total units for unsupported units, in conjunction with adjustment number 2.			
				<u>MODE-SF</u>			
62	MH1966	2	C	TOTAL UNITS - ASO 15-30	204,525	(9,120)	195,405 *
63	MH1966	2	D	TOTAL UNITS - ASO 15-60	14,580	(795)	13,785 *
64	MH1966	2	E	TOTAL UNITS - FFS 15-30	1,886,900	(1,886,900)	0
65	MH1966	2	F	TOTAL UNITS - FFS 15-60	598,385	(598,385)	0
66	MH1966	2	G	TOTAL UNITS - FFS PSYCHIATRIST 15-32	0	385,605	385,605 *
67	MH1966	2	H	TOTAL UNITS - FFS PSYCHIATRIST 15-62	0	538,425	538,425 *
68	MH1966	2	I	TOTAL UNITS - FFS PSYCHOLOGIST 15-33	0	828,790	828,790 *
69	MH1966	2	J	TOTAL UNITS - FFS LCSW 15-34	0	160,170	160,170 *
70	MH1966	2	K	TOTAL UNITS - FFS MFCC 15-35	0	500,445	500,445 *
						<u>(81,765)</u>	
				To adjust ASO and FFS total units to agree with the County's Report MHS 742.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance carried forward to subsequent adjustment.			

AUDIT ADJUSTMENTS

Provider				SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number	No. of Adj.	Fiscal Period Ended	
						00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.						
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>									
<u>MODE-SF</u>									
71	MH 1966	2	B	TOTAL UNITS - SAN BERNARDINO COUNTY		15-09	3,320,123	(163,017)	3,157,106
72	MH 1966	2	C	TOTAL UNITS - SAN BERNARDINO COUNTY		15-30	6,674,453	(385,753)	6,288,700
73	MH 1966	2	D	TOTAL UNITS - SAN BERNARDINO COUNTY		15-60	3,287,095	(114,593)	3,172,502
74	MH 1966	2	E	TOTAL UNITS - SAN BERNARDINO COUNTY		15-70	653,729	(8,564)	645,165
75	MH 1966	2	I	TOTAL UNITS - SAN BERNARDINO COUNTY		15-BG	0	671,927	671,927
								<u>0</u>	
To reclassify block grant units to their own cost center, in conjunction with adjustment number 9.									
<u>MODE-SF</u>									
76	MH1966	2	C	TOTAL UNITS - ASO		15-30	** 195,405	1,985	197,390
77	MH1966	2	D	TOTAL UNITS - ASO		15-60	** 13,785	855	14,640
78	MH1966	2	G	TOTAL UNITS - FFS PSYCHIATRIST		15-32	** 385,605	(128,300)	257,305
79	MH1966	2	H	TOTAL UNITS - FFS PSYCHIATRIST		15-62	** 538,425	62,415	600,840
80	MH1966	2	I	TOTAL UNITS - FFS PSYCHOLOGIST		15-33	** 828,790	(75,520)	753,270
81	MH1966	2	J	TOTAL UNITS - FFS LCSW		15-34	** 160,170	(9,900)	150,270
82	MH1966	2	K	TOTAL UNITS - FFS MFCC		15-35	** 500,445	(12,045)	488,400
								<u>(160,510)</u>	
To adjust ASO and FFS total units to agree with County's records, in conjunction with adjustment number 7.									
<u>MODE-SF</u>									
83	MH1966	2	B	TOTAL UNITS - SAN BERNARDINO COUNTY		05-10	15,417	(264)	15,153 *
84	MH1966	2	C	TOTAL UNITS - SAN BERNARDINO COUNTY		05-19	2,959	264	3,223
								<u>0</u>	
To adjust inpatient total units to agree with the County's Report MHS 850.									
CMS, PUB. 15, SECTION 2304									
* Balance carried forward to subsequent adjustment.									
** Balance brought forward from prior adjustment.									

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>			
85	MH1966	2	B	<p style="text-align: right;"><u>MODE-SF</u></p> <p>TOTAL UNITS - SAN BERNARDINO COUNTY 05-10 **</p> <p>To adjust inpatient total units of ARMC to agree with audit findings per State Department of Health Services' Audit Report dated October 18, 2006.</p>	15,153	34	15,187
86	MH 1966	8,8A	B	<p style="text-align: right;"><u>MODE-SF</u></p> <p>MEDI-CAL UNITS - SAN BERNARDINO CO 05-10</p>	4,924	459	5,383 *
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO 05-19	989	0	989 *
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 10-85	4,123	0	4,123 *
87	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 15-09	2,267,139	58,149	2,325,288 *
88	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO 15-30	4,097,126	198,188	4,295,314 *
89	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO 15-60	2,236,454	150,712	2,387,166 *
90	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO 15-70	323,622	11,208	334,830 *
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS 15-58	74,211	0	74,211 *
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO 15-30	204,525	0	204,525 *
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO 15-60	14,475	0	14,475 *
91	MH 1966	8,8A	E	MEDI-CAL UNITS - FFS 15-30	1,862,580	24,260	1,886,840 *
92	MH 1966	8,8A	F	MEDI-CAL UNITS - FFS 15-60	568,920	2,620	571,540 *
Info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS	<u>11,659,088</u>	<u>445,596</u>	<u>12,104,684</u>
				<p>To adjust reported Medi-Cal units to include Medicare/Medi-Cal Crossover units, Enhanced SD/MC (Children) units, Enhanced SD/MC (Refugees) units and Healthy Families (SED) units per settled cost report. The auditor submitted detail workpapers to the County.</p> <p>- Medicare/Medi-Cal Crossover Units 149,372</p> <p>- Enhanced SD/MC (Children) Units 115,943</p> <p>- Enhanced SD/MC (Refugees) Units 5,162</p> <p>- Healthy Families (SED) Units <u>175,119</u></p> <p style="text-align: right;"><u>445,596</u></p>			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider					Provider Number		No. of Adj.		Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH					00036		298		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>										
<u>MODE-SF</u>										
93	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,383	(43)	5,340	*
94	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	989	126	1,115	*
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	4,123	0	4,123	*
95	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,325,288	4,106	2,329,394	*
96	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,295,314	24,662	4,319,976	*
97	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,387,166	2,719	2,389,885	*
98	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	334,830	2,209	337,039	*
99	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	74,211	109	74,320	*
100	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	204,525	3,180	207,705	*
101	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	14,475	90	14,565	*
102	MH 1966	8,8A	E	MEDI-CAL UNITS - FFS	15-30	**	1,886,840	(1,886,840)	0	
103	MH 1966	8,8A	F	MEDI-CAL UNITS - FFS	15-60	**	571,540	(571,540)	0	
104	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32		0	394,880	394,880	*
105	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62		0	577,420	577,420	*
106	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33		0	837,545	837,545	*
107	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34		0	162,390	162,390	*
108	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC	15-35		0	503,640	503,640	*
Info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS			<u>12,104,684</u>	<u>54,653</u>	<u>12,159,337</u>	
To adjust total Medi-Cal units to agree with total Medi-Cal units per State Department of Mental Health (DMH) Summary of Approved Claims dated June 30, 2008. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
109	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,329,394	(19,823)	2,309,571	*
110	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,319,976	(55,678)	4,264,298	*
111	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,389,885	(3,369)	2,386,516	*
112	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	337,039	(1,807)	335,232	*
113	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	74,320	<u>(1,794)</u>	<u>72,526</u>	*
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate State DMH Disallowed Claim System (DCS) Report dated June 30, 2008. The auditor submitted detail workpapers to the County.										
* Balance carried forward to subsequent adjustment.										
** Balance brought forward from prior adjustment.										

AUDIT ADJUSTMENTS

Provider					Provider Number		No. of Adj.		Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH					00036		298		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>										
<u>MODE-SF</u>										
114	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,309,571	(22,815)	2,286,756	*
115	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,264,298	(26,529)	4,237,769	*
116	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,386,516	(33,181)	2,353,335	*
								<u>(82,525)</u>		
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
117	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	4,123	(255)	3,868	*
118	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,286,756	(3,312)	2,283,444	*
119	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,237,769	(12,667)	4,225,102	*
120	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,353,335	(4,945)	2,348,390	*
121	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,232	(118)	335,114	*
122	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	72,526	(45)	72,481	*
								<u>(21,342)</u>		
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate County's CDI/Negative adjustments. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
123	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,283,444	(1,119)	2,282,325	*
124	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,225,102	(15,978)	4,209,124	*
125	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,114	(54)	335,060	*
								<u>(17,151)</u>		
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate County's adjustment for Staff #2586. The auditor submitted detail workpapers to the County.										
* Balance carried forward to subsequent adjustment.										
** Balance brought forward from prior adjustment.										

AUDIT ADJUSTMENTS

Provider					Provider Number		No. of Adj.		Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH					00036		298		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>										
<u>MODE-SF</u>										
126	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,340	(51)	5,289 *	
127	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,115	(32)	1,083 *	
128	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,282,325	(652)	2,281,673 *	
129	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,209,124	(841)	4,208,283 *	
130	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,390	(90)	2,348,300 *	
131	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,060	(22)	335,038 *	
132	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,880	(60)	394,820 *	
133	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,420	(60)	577,360 *	
								<u>(1,808)</u>		
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate County's utilization review disallowances. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
134	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,289	51	5,340 *	
135	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,083	32	1,115 *	
136	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	3,868	255	4,123 *	
137	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,281,673	49,204	2,330,877 *	
138	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,208,283	113,358	4,321,641 *	
139	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,300	41,706	2,390,006 *	
140	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,038	2,001	337,039 *	
141	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	72,481	1,839	74,320 *	
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	207,705	0	207,705 *	
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	14,565	0	14,565 *	
142	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,820	60	394,880 *	
143	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,360	60	577,420 *	
144	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	837,545	60	837,605 *	
Info.	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34	**	162,390	0	162,390 *	
Info.	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC	15-35	**	503,640	0	503,640 *	
Info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS			<u>11,954,040</u>	<u>208,626</u>	<u>12,162,666</u>	
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 (after incorporating adjustment numbers 109 through 133) to agree with County's records (prior to adjustment numbers 145 through 169).										
* Balance carried forward to subsequent adjustment.										
** Balance brought forward from prior adjustment.										

AUDIT ADJUSTMENTS

Provider					Provider Number		No. of Adj.		Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH					00036		298		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>										
<u>MODE-SF</u>										
145	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,330,877	(19,823)	2,311,054	*
146	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,321,641	(55,678)	4,265,963	*
147	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,390,006	(3,369)	2,386,637	*
148	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	337,039	(1,807)	335,232	*
149	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	74,320	(1,794)	72,526	*
								<u>(82,471)</u>		
To adjust County's records to incorporate State DMH Disallowed Claim System (DCS) Report dated June 30, 2008. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
150	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,311,054	(22,815)	2,288,239	*
151	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,265,963	(26,529)	4,239,434	*
152	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,386,637	(33,181)	2,353,456	*
								<u>(82,525)</u>		
To adjust County's records to incorporate the EPSDT audit findings performed by State DMH Medi-Cal Oversight Branch. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
153	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	4,123	(255)	3,868	*
154	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,288,239	(3,312)	2,284,927	*
155	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,239,434	(12,667)	4,226,767	*
156	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,353,456	(4,945)	2,348,511	*
157	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,232	(118)	335,114	*
158	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	72,526	(45)	72,481	*
								<u>(21,342)</u>		
To adjust County's records to incorporate County's CDI/Negative adjustments. The auditor submitted detail workpapers to the County.										
* Balance carried forward to subsequent adjustment.										
** Balance brought forward from prior adjustment.										

AUDIT ADJUSTMENTS

Provider					Provider Number		No. of Adj.		Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH					00036		298		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS			As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.							
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>										
<u>MODE-SF</u>										
159	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,284,927	(1,119)	2,283,808	*
160	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,226,767	(15,978)	4,210,789	*
161	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,114	(54)	335,060	*
								<u>(17,151)</u>		
To adjust County's records to incorporate County's adjustment for Staff #2586. The auditor submitted detail workpapers to the County.										
<u>MODE-SF</u>										
162	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,340	(51)	5,289	*
163	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,115	(32)	1,083	*
164	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,283,808	(652)	2,283,156	*
165	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,210,789	(841)	4,209,948	*
166	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,511	(90)	2,348,421	*
167	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,060	(22)	335,038	*
168	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,880	(60)	394,820	*
169	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,420	(60)	577,360	*
								<u>(1,808)</u>		
To adjust County's records to incorporate County's utilization review disallowances. The auditor submitted detail workpapers to the County.										
* Balance carried forward to subsequent adjustment.										
** Balance brought forward from prior adjustment.										

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>			
				<u>MODE-SF</u>			
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 05-10 **	5,289	0	5,289 *
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO 05-19 **	1,083	0	1,083 *
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 10-85 **	3,868	0	3,868 *
170	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 15-09 **	2,283,156	(1,493)	2,281,663 *
171	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 **	4,209,948	(2,003)	4,207,945 *
172	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 **	2,348,421	(186)	2,348,235 *
Info.	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO 15-70 **	335,038	0	335,038 *
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS 15-58 **	72,481	0	72,481 *
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO 15-30 **	207,705	0	207,705 *
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO 15-60 **	14,565	0	14,565 *
Info.	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST 15-32 **	394,820	0	394,820 *
Info.	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST 15-62 **	577,360	0	577,360 *
173	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST 15-33 **	837,605	(60)	837,545 *
Info.	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW 15-34 **	162,390	0	162,390 *
Info.	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC 15-35 **	503,640	0	503,640 *
Info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS	<u>11,957,369</u>	<u>(3,742)</u>	<u>11,953,627</u>
				To adjust the County's records to incorporate the controls of the lower of DMH approved units (after incorporating adjustment numbers 109 through 133) or County's records (after incorporating adjustment numbers 145 through 169) by service function code.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number 00036		No. of Adj. 298		Fiscal Period Ended June 30, 2004							
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS						As Reported		Increase (Decrease)		As Adjusted			
Adj. No.	Form/ Sch.	Line	Col.														
<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>																	
<u>MODE-SF</u>																	
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	05-10	**	5,289	0	5,289	*							
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	05-19	**	1,083	0	1,083	*							
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	10-85	**	3,868	0	3,868	*							
174	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO	15-09	**	2,281,663	(25,717)	2,255,946	*							
175	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO	15-30	**	4,207,945	(41,756)	4,166,189	*							
176	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO	15-60	**	2,348,235	(2,689)	2,345,546	*							
177	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO	15-70	**	335,038	(646)	334,392	*							
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS	15-58	**	72,481	0	72,481	*							
178	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO	15-30	**	207,705	(10,315)	197,390	*							
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO	15-60	**	14,565	0	14,565	*							
179	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-32	**	394,820	(137,515)	257,305	*							
Info.	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST	15-62	**	577,360	0	577,360	*							
180	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST	15-33	**	837,545	(84,275)	753,270	*							
181	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW	15-34	**	162,390	(12,120)	150,270	*							
182	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC	15-35	**	503,640	(15,240)	488,400	*							
Info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS			<u>11,953,627</u>	<u>(330,273)</u>	<u>11,623,354</u>								
To reduce total Medi-Cal units for county operated providers to agree with audited total units by service function. Medi-Cal units can not be greater than total units.																	
* Balance carried forward to subsequent adjustment.																	
** Balance brought forward from prior adjustment.																	

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - COUNTY PROVIDERS</u>			
				MODE-SF			
183	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 05-10 **	5,289	(458)	4,831
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO 05-19 **	1,083	0	1,083
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 10-85 **	3,868	0	3,868
184	MH 1966	8,8A	B	MEDI-CAL UNITS - SAN BERNARDINO CO 15-09 **	2,255,946	(55,312)	2,200,634
185	MH 1966	8,8A	C	MEDI-CAL UNITS - SAN BERNARDINO CO 15-30 **	4,166,189	(193,989)	3,972,200
186	MH 1966	8,8A	D	MEDI-CAL UNITS - SAN BERNARDINO CO 15-60 **	2,345,546	(167,794)	2,177,752
187	MH 1966	8,8A	E	MEDI-CAL UNITS - SAN BERNARDINO CO 15-70 **	334,392	(13,227)	321,165
Info.	MH 1966	8,8A	B	MEDI-CAL UNITS - TBS 15-58 **	72,481	0	72,481
Info.	MH 1966	8,8A	C	MEDI-CAL UNITS - ASO 15-30 **	197,390	0	197,390
Info.	MH 1966	8,8A	D	MEDI-CAL UNITS - ASO 15-60 **	14,565	0	14,565
188	MH 1966	8,8A	G	MEDI-CAL UNITS - FFS PSYCHIATRIST 15-32 **	257,305	(2,015)	255,290
189	MH 1966	8,8A	H	MEDI-CAL UNITS - FFS PSYCHIATRIST 15-62 **	577,360	(2,620)	574,740
190	MH 1966	8,8A	I	MEDI-CAL UNITS - FFS PSYCHOLOGIST 15-33 **	753,270	(1,935)	751,335
191	MH 1966	8,8A	J	MEDI-CAL UNITS - FFS LCSW 15-34 **	150,270	(4,920)	145,350
192	MH 1966	8,8A	K	MEDI-CAL UNITS - FFS MFCC 15-35 **	488,400	(15,900)	472,500
Info.	MH 1966	8,8A		TOTAL MEDI-CAL UNITS	<u>11,623,354</u>	<u>(458,170)</u>	<u>11,165,184</u>
				<p>To reduce total Medi-Cal units for county operated providers by audited Medicare/Crossover units, audited Enhanced SD/MC (Children) units, audited Enhanced SD/MC (Refugees) units and audited Healthy Families (SED) units per State DMH Summary of Net Approved Claims Report dated June 30, 2008. The auditor submitted detail workpapers to the County.</p> <p>- Medicare/Medi-Cal Crossover Units (164,479)</p> <p>- Enhanced SD/MC (Children) Units (122,884)</p> <p>- Enhanced SD/MC (Refugees) Units (6,974)</p> <p>- Healthy Families (SED) Units <u>(163,833)</u></p> <p><u>(458,170)</u></p>			
				<p>* Balance carried forward to subsequent adjustment.</p> <p>** Balance brought forward from prior adjustment.</p>			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>			
193	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	564,480	55	564,535 *
194	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC.	172,345	701	173,046 *
195	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC.	500,038	24,343	524,381 *
196	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	573,581	13,924	587,505 *
197	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	529,630	16,093	545,723 *
198	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B.	450,990	8,732	459,722 *
199	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS.	269,490	14,015	283,505 *
200	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS.	1,013,404	35,592	1,048,996 *
201	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT	288,410	22,406	310,816 *
202	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS	674,199	3,231	677,430 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC.	920,384	0	920,384 *
203	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS.	382,790	3,781	386,571 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERVICES	24,470	0	24,470 *
204	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC.	34,138	975	35,113 *
205	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS	4,950	73	5,023 *
Info.				TOTAL MEDI-CAL UNITS	<u>6,403,299</u>	<u>143,921</u>	<u>6,547,220</u>
				To adjust reported Medi-Cal units to include Medicare/Medi-Cal Crossover units, Enhanced SD/MC (Children) units and Healthy Families (SED) units per settled cost reports. The auditor submitted detail workpapers to the County.			
				- Medicare/Medi-Cal Crossover Units	2,135		
				- Enhanced SD/MC (Children) Units	77,052		
				- Healthy Families (SED) Units	<u>64,734</u>		
					<u>143,921</u>		
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number		No. of Adj.		Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036		298		June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.						
<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>									
206	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION	**	564,535	(2,914)	561,621	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC.	**	173,046	0	173,046	*
207	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC.	**	524,381	14,367	538,748	*
208	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS	**	587,505	2,222	589,727	*
209	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	**	545,723	650	546,373	*
210	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B.	**	459,722	570	460,292	*
211	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS.	**	283,505	258	283,763	*
212	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS.	**	1,048,996	(372)	1,048,624	*
213	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT	**	310,816	(12,386)	298,430	*
214	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS	**	677,430	(1,694)	675,736	*
215	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC.	**	920,384	692	921,076	*
216	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS.	**	386,571	15,164	401,735	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERVICES	**	24,470	0	24,470	*
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC.	**	35,113	0	35,113	*
217	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS	**	5,023	(6)	5,017	*
Info.				TOTAL MEDI-CAL UNITS		<u>6,547,220</u>	<u>16,551</u>	<u>6,563,771</u>	
To adjust total Medi-Cal units to agree with total Medi-Cal units per State Department of Mental Health (DMH) Summary of Approved Claims Report dated June 30, 2008. The auditor submitted detail workpapers to the County.									
218	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC	**	546,373	(595)	545,778	*
To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate State DMH Disallowed Claim System (DCS) Report dated June 30, 2008. The auditor submitted detail workpapers to the County.									
* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.									

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>			
219	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION **	561,621	(1,121)	560,500 *
220	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	538,748	(18,764)	519,984 *
221	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS **	589,727	(935)	588,792 *
222	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC **	545,778	(3,100)	542,678 *
223	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	460,292	(101)	460,191 *
224	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS. **	283,763	(290)	283,473 *
225	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,048,624	(65)	1,048,559 *
226	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	298,430	(119)	298,311 *
227	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC. **	921,076	(692)	920,384 *
228	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDRENS & FAMILY SVCS. **	401,735	(14,354)	387,381 *
						<u>(39,541)</u>	
				To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate County's CDI/Negative adjustments. The auditor submitted detail workpapers to the County.			
229	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	519,984	(11,357)	508,627 *
230	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	460,191	(568)	459,623 *
231	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,048,559	(1,343)	1,047,216 *
232	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	298,311	(910)	297,401 *
233	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS **	675,736	(1,306)	674,430 *
234	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS. **	387,381	(1,215)	386,166 *
						<u>(16,699)</u>	
				To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 to incorporate County's utilization review disallowances. The auditor submitted detail workpapers to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>			
235	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION **	560,500	1,121	561,621 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC. **	173,046	0	173,046 *
236	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	508,627	30,121	538,748 *
237	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS **	588,792	574	589,366 *
238	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC **	542,678	3,820	546,498 *
239	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	459,623	669	460,292 *
240	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS. **	283,473	322	283,795 *
241	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,047,216	3,035	1,050,251 *
242	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	297,401	2,076	299,477 *
243	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS **	674,430	1,306	675,736 *
244	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC. **	920,384	692	921,076 *
245	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS. **	386,166	15,569	401,735 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERVICES **	24,470	0	24,470 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC. **	35,113	0	35,113 *
246	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS **	5,017	6	5,023 *
Info.				TOTAL MEDI-CAL UNITS	<u>6,506,936</u>	<u>59,311</u>	<u>6,566,247</u>
				To adjust State DMH Summary of Approved Claims Report dated June 30, 2008 (after incorporating adjustment numbers 218 through 234) to agree with County's records (prior to adjustment numbers 247 through 263).			
247	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC **	546,498	(595)	545,903 *
				To adjust County's records to incorporate State DMH Disallowed Claims System (DCS) Report dated June 30, 2008. The auditor submitted detail workpapers to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>			
248	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION **	561,621	(1,121)	560,500 *
249	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	538,748	(18,764)	519,984 *
250	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS **	589,366	(935)	588,431 *
251	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC **	545,903	(3,100)	542,803 *
252	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	460,292	(101)	460,191 *
253	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS. **	283,795	(290)	283,505 *
254	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,050,251	(65)	1,050,186 *
255	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	299,477	(119)	299,358 *
256	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC. **	921,076	(692)	920,384 *
257	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS. **	401,735	(14,354)	387,381 *
						<u>(39,541)</u>	
				To adjust County's records to incorporate County's CDI/Negative adjustments. The auditor submitted detail workpapers to the County.			
258	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	519,984	(11,357)	508,627 *
259	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	460,191	(568)	459,623 *
260	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,050,186	(1,343)	1,048,843 *
261	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	299,358	(910)	298,448 *
262	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS **	675,736	(1,306)	674,430 *
263	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS. **	387,381	(1,215)	386,166 *
						<u>(16,699)</u>	
				To adjust County's records to incorporate County's utilization review disallowances. The auditor submitted detail workpapers to the County.			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>			
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION **	560,500	0	560,500 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC. **	173,046	0	173,046 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	508,627	0	508,627 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS **	588,431	0	588,431 *
264	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC **	542,803	(220)	542,583 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	459,623	0	459,623 *
265	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS. **	283,505	(60)	283,445 *
266	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,048,843	(1,627)	1,047,216 *
267	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	298,448	(1,047)	297,401 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS **	674,430	0	674,430 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC. **	920,384	0	920,384 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS. **	386,166	0	386,166 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERVICES **	24,470	0	24,470 *
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC. **	35,113	0	35,113 *
268	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS **	5,023	(6)	5,017 *
Info.				TOTAL MEDI-CAL UNITS	<u>6,509,412</u>	<u>(2,960)</u>	<u>6,506,452</u>
				To adjust the County's records to incorporate the controls of the lower of DMH approved units (after incorporating adjustment numbers 218 through 234) or County's records (after incorporating adjustment numbers 247 through 263) by service function code.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED UNITS - CONTRACT PROVIDERS</u>			
269	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00108 TELECARE CORPORATION **	560,500	(1,362)	559,138
270	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00138 MENTAL HEALTH SYSTEMS, INC. **	173,046	(1,035)	172,011
271	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00156 EASTFIELD MING QUONG, INC. **	508,627	(24,343)	484,284
272	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00203 PACIFIC CLINICS **	588,431	(13,924)	574,507
273	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00287 REDLANDS-YUCAIPA GUIDANCE CLINIC **	542,583	(18,652)	523,931
274	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00288 FAMILY SERVICES AGENCY OF S.B. **	459,623	(9,510)	450,113
275	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00289 WEST END FAMILY COUNSELING SVCS. **	283,445	(14,050)	269,395
276	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00290 MORONGO BASIN MENTAL HEALTH SVCS. **	1,047,216	(39,850)	1,007,366
277	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #00293 BEAR VALLEY COMM. HEALTHCARE DISTRICT **	297,401	(22,628)	274,773
278	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01006 S.B. COUNTY SUPERINTENDENT OF SCHOOLS **	674,430	(3,231)	671,199
279	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01042 VICTOR COMMUNITY SUPPORT SVCS, INC. **	920,384	(29)	920,355
280	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01130 VALLEY STAR CHILDREN & FAMILY SVCS. **	386,166	(3,781)	382,385
Info.	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01191 ROLINDA CHILDRENS SERVICES **	24,470	0	24,470
281	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01200 LODGEQUEST, INC. **	35,113	(975)	34,138
282	MH 1966	8,8A	TOTAL	MEDI-CAL UNITS - ENTITY #01207 SHANDIN HILLS **	5,017	(67)	4,950
Info.				TOTAL MEDI-CAL UNITS	<u>6,506,452</u>	<u>(153,437)</u>	<u>6,353,015</u>
				To reduce total Medi-Cal units for contract providers by audited Medicare/Crossover units, audited Enhanced SD/MC (Children) units and audited Healthy Families (SED) units per State DMH Summary of Net Approved Claims Reports dated June 30, 2008. The auditor submitted detail workpapers to the County.			
				- Medicare/Medi-Cal Crossover Units (13,300)			
				- Enhanced SD/MC (Children) Units (76,570)			
				- Healthy Families (SED) Units <u>(63,567)</u>			
				<u>(153,437)</u>			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED REVENUES - COUNTY PROVIDERS</u>			
283	MH 1968	28	E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/01/03 - 09/30/03	\$ 7,228	\$ (3,533)	\$ 3,695 *
284	MH 1968	28A	E	SD/MC + CROSSOVER REVENUES - INTPATIENT 10/01/03 - 06/30/04	769,636	(376,155)	393,481 *
285	MH 1968	28	K	SD/MC + CROSSOVER REVENUES - OUTPATIENT 07/01/03 - 09/30/03	19,527	(831)	18,696
286	MH 1968	28A	K	SD/MC + CROSSOVER REVENUES - OUTPATIENT 10/01/03 - 06/30/04	318,342	(13,545)	304,797
Info.				LESS: TOTAL REVENUES	\$ <u>1,114,733</u>	\$ <u>(394,064)</u>	\$ <u>720,669</u>
				To adjust reported SD/MC and Crossover revenues to agree with County's Report MHS 234.			
287	MH 1968	28	E	SD/MC + CROSSOVER REVENUES - INPATIENT 07/01/03 - 09/30/03	** \$ 3,695	\$ 2,786	\$ 6,481
288	MH 1968	28A	E	SD/MC + CROSSOVER REVENUES - INPATIENT 10/01/03 - 06/30/04	** 393,481	296,681	690,162
Info.				LESS: TOTAL REVENUES	\$ <u>397,176</u>	\$ <u>299,467</u>	\$ <u>696,643</u>
				To adjust reported SD/MC and Crossover revenues to reflect the revised tentative settlement for the Medicare cost report dated September 5, 2007.			
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT COUNTY PROVIDERS</u>			
289	MH 1979	23	J	ADJUSTED TOTAL SD/MC REIMBURSEMENT (FFP)	\$ 23,205,555	\$ (1,796,063)	\$ 21,409,492
290	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP)	292,686	(7,836)	284,850
Info.				TOTAL REIMBURSEMENT (FFP)	\$ <u>23,498,241</u>	\$ <u>(1,803,899)</u>	\$ <u>21,694,342</u>
				To adjust the Total SD/MC Reimbursement (FFP) and Healthy Families Reimbursement (FFP) due to adjustments made to cost, revenues and units of service.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH				00036	298	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT CONTRACT PROVIDERS</u>			
291	MH 1979	23	J	ADJUSTED TOTAL SD/MC REIMBURSEMENT (FFP)	\$ 7,702,560	\$ (39,626)	\$ 7,662,934
292	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT (FFP)	93,681	(1,788)	91,893
				TOTAL REIMBURSEMENT (FFP)	<u>\$ 7,796,241</u>	<u>\$ (41,414)</u>	<u>\$ 7,754,827</u>
				To adjust the Total SD/MC Reimbursement (FFP) and Healthy Families Reimbursement (FFP) due to adjustments made to units of service.			
				LE #00108 Telecare Corporation	\$ 634,176	\$ 18	\$ 634,194
				LE #00138 Mental Health Systems, Inc.	295,261	1	295,262
				LE #00156 Eastfield Ming Quong, Inc.	636,995	(18,783)	618,212
				LE #00203 Pacific Clinics	686,266	1,724	687,990
				LE #00287 Redland-Yucaipa Guidance Clinic Association	690,051	(3,850)	686,201
				LE #00288 Family Services Agency of San Bernardino	463,769	(87)	463,682
				LE #00289 West End Family Counseling Service, Inc.	362,241	(22)	362,219
				LE #00290 Morongo Basin Mental Health Services Association	866,649	(1,328)	865,321
				LE #00293 Bear Valley Community Healthcare District Family Counseling Center	427,748	(17,954)	409,794
				LE #01006 San Bernardino County Superintendent of Schools	793,136	22	793,158
				LE #01042 Victor Community Support Services, Inc.	944,676	13	944,689
				LE #01130 Valley Star Children and Family Services	491,385	(532)	490,853
				LE #01191 Rolinda Childrens Services	30,773	0	30,773
				LE #01200 LodgeQuest, Inc.	35,121	0	35,121
				LE #01207 Shandin Hills	437,994	(636)	437,358
					<u>\$ 7,796,241</u>	<u>\$ (41,414)</u>	<u>\$ 7,754,827</u>
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
293	SCH. 4	1	3	SD/MC ACTUALS	\$ 41,718,733	\$ (130,370)	\$ 41,588,363
				To adjust SD/MC actuals due to adjustments made to total computable Medi-Cal costs as reflected on the MH 1979 forms for both County Providers and Contract Providers. The amounts utilized for this purpose were SD/MC and Enhanced for outpatient services only.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

FISCAL YEAR 2003 - 2004

B	C
	Total
	Costs
ther	
,938,166	128,495,263
,278,037)	(45,278,037)
,898,656	3,121,069
,558,785	86,338,295
,383,218)	(2,383,218)
	83,955,077
	6,824,168
	80,020
	4,965,276
	11,869,464
	716,842
	207,631
	107,231
	1,031,704
	107,437
	70,946,472
	83,955,077

Provider				SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH		Provider Number 00036		No. of Adj. 298		Fiscal Period Ended June 30, 2004			
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS				As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.										
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>									
294	SCH. 4	2	3	TOTAL SD/MC CLAIMS				\$	47,648,989	\$	(248,999)	\$	47,399,990
295	SCH. 4	4	3	EPSDT CLAIMS					27,727,242		(248,999)		27,478,243
				To adjust total SD/MC claims and EPSDT claims to reflect the revised final recoupment amount per EPSDT Audit performed by State DMH Medi-Cal Oversight Branch. The report was dated March 3, 2008 and covered the period from April 1, 2004 through June 30, 2004.									
296	SCH. 4	10	3	NET COST SETTLEMENT AMOUNT				\$	7,886,673	\$	(69,682)	\$	7,816,991
				To adjust net cost settlement amount as a result fo adjustments to SD/MC actuals (Total Computable Medi-Cal), total SD/MC claims and EPSDT claims.									
297	SCH. 4	11	3	STATE GENERAL FUND DISTRIBUTION				\$	7,886,673	\$	(68,649)	\$	7,818,024
				To adjust State General Fund Distribution to reflect the offset made to the County for the revised final recoupment amount per EPSDT Audit performed by State DMH Medi-Cal Oversight Branch. The Report was dated March 3, 2008 and covered the period from April 1, 2004 through June 30, 2004.									
298	SCH. 4	12	3	STATE GENERAL FUNDS DUE COUNTY (STATE)				\$	0	\$	(1,033)	\$	(1,033)
				To adjust State General Funds due State as a result of adjustments to Cost Settlement Amount and State General Fund Distribution as follows:									
				Audited Net Cost Settlement Amount				Adj. 296	\$	7,816,991			
				Audited State General Fund Distribution				Adj. 297		7,818,024			
				Net State General Funds due to State					\$	(1,033)			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

Page 1 of 2
FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C
Legal Entity Number: 00036		Salaries and Benefits	Other	Total Adjustments
1	To reclassify costs as a result of recalculation of MAA.			
2	MAA Costs		(2,683,013)	(2,683,013)
3	Administrative Costs		112,040	112,040
4	Treatment Costs		2,570,973	2,570,973
5	To eliminate unsupported MAA Costs.		(11,155)	(11,155)
6	To reflect the effect of recalculation of MAA costs on TBS.			
7	Mode 55 Medi-Cal Administrative Activities		(66,241)	(66,241)
8	Mode 15 Outpatient - Program 2		66,241	66,241
9	To reflect the effect of recalculation of MAA costs on CAW			
10	Mode 55 Medi-Cal Administrative Activities		(194,480)	(194,480)
11	Mode 15 Outpatient - Program 1 (CALWORKS)		194,480	194,480
12	To include depreciation expense for FY 1993-94 audit			
13	exceptions.		31,493	31,493
14	To include depreciation expense for FY 2002-03 audit			
15	exceptions.		29,007	29,007
16	To adjust FFS and ASO costs to agree with actual			
17	payments per County's records.		6,222	6,222
18				
19				
20				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
MEDI-CAL ADJUSTMENTS TO COSTS
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH
Page 2 of 2
FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C
Legal Entity Number: 00036		Salaries and Benefits	Other	Total Adjustments
1	To reclassify CC #2262 CALWORKS Rialto.			
2	Mode 45 - Regular Outreach		(32,608)	(32,608)
3	Mode 45 - CALWORKS Outreach		32,608	32,608
4	To reclassify SAMHSA Block Grant outpatient costs to			
5	avoid duplicate reimbursement for county operated			
6	clinics.			
7	Mode 15 - Outpatient Program 1 (Regular)		(1,306,407)	(1,306,407)
8	Mode 15 - Outpatient Program 1 (Block Grant)		1,306,407	1,306,407
9	To adjust reported costs for Arrowhead Regional Medical			
10	Center to agree with State Department of Health			
11	Services' Audit Report dated October 18,2006.			
12	Inpatient Psych Costs		(1,894,638)	(1,894,638)
13	Outpatient Psych Costs		(170,972)	(170,972)
14	To eliminate prior year expenses from CC #2212 Vista			
15	Counseling.		(62,946)	(62,946)
16	To eliminate payments for indigent services.		(310,229)	(310,229)
17				
18				
19				
20	Total Adjustments		(2,383,218)	(2,383,218)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
OTHER ADJUSTMENTS
MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C
Legal Entity Number: 00036		Salaries and Benefits	Other	Total Adjustments
1	Reconciling differences from County Auditor/Controller			
2	Report (FAS) and the County DBH operating statement	222,413	868,183	1,090,596
3	Arrowhead Regional Medical Center Costs		24,704,462	24,704,462
4	Administrative Revenues		(216,530)	(216,530)
5	To reverse ADS revenues out of the Directors CC2000		700,000	700,000
6	To reverse CALWORKS and make it a funding source		3,238,026	3,238,026
7	To reverse Inpatient Managed Care Payments		(4,755,015)	(4,755,015)
8	Directors cc #2000, remove from claimed costs		(1,835,753)	(1,835,753)
9	Administrative Service (ASO) Costs		334,345	334,345
10	To remove FEMA Costs, cc #2098		(1,294,068)	(1,294,068)
11	To reclassify the Vocation Rehab. Grant Funds		60,264	60,264
12	To remove ADS Cost Centers and Contract Providers		(13,140,613)	(13,140,613)
13	To remove the CONREP Cost Center #2239		(1,137,558)	(1,137,558)
14	To adjust the Mgd. Care FFS O/P Costs to actual		(200,130)	(200,130)
15	To remove State Hospital Costs		(4,519,246)	(4,519,246)
16	To include the Public Guardian & Sup. Court c/rpts.		1,079,266	1,079,266
17	To remove the CONREP and ADS Admin. Charges		(986,977)	(986,977)
18				
19				
20	Total Adjustments	222,413	2,898,656	3,121,069

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
ALLOCATION OF COSTS TO MODES OF SERVICE
MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH
FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A
Legal Entity Number: 00036		Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	70,946,472
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	17,942,536
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	1,759,636
5	Outpatient Services (Mode 15 Program 1 + Program 2)	41,502,915
6	Outreach Services (Mode 45)	7,115,598
7	Medi-Cal Administrative Activities (Mode 55)	1,270,477
8	Support Services (Mode 60)	1,355,310
9	Total - Lines 2 through 8	70,946,472

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO		CR		CR					
County Code: 36									
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G	
Legal Entity Number: 00036			Service	Service	Service	Service	Service	Service	
Mode: 05 - Hospital Inpatient (SFC 10-19)		Mode Total	Function	Function	Function	Function	Function	Function	
			10	19					
1	Allocation Percentage	100.00%	82.49%	17.51%					
2	Total Units		15,187	3,223					
3	Gross Cost	17,942,536	14,801,374	3,141,162					
4	Cost per Unit		974.61	974.61					
5	SMA per Unit		873.40	236.78					
6	Published Charge per Unit		1,000.00	1,000.00					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03	1,598	315					
8A		10/01/03 - 06/30/04	3,233	768					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	14						
9A		10/01/03 - 06/30/04	427						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	11						
11A		10/01/03 - 06/30/04	6						
12	Non-Medi-Cal Units		9,898	2,140					
13	Medi-Cal Costs	07/01/03 - 09/30/03	1,631,975	1,557,424	74,552	*			
13A		10/01/03 - 06/30/04	3,332,786	3,150,908	181,878	*			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,470,245	1,395,693	74,552	*			
14A		10/01/03 - 06/30/04	3,005,580	2,823,702	181,878	*			
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,672,552	1,598,000	74,552	*			
15A		10/01/03 - 06/30/04	3,414,878	3,233,000	181,878	*			
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	13,645	13,645					
17A		10/01/03 - 06/30/04	416,158	416,158					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	12,228	12,228					
18A		10/01/03 - 06/30/04	372,942	372,942					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	14,000	14,000					
19A		10/01/03 - 06/30/04	427,000	427,000					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC (Children) Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC (Children) Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03	10,721	10,721					
29A		10/01/03 - 06/30/04	5,848	5,848					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	9,607	9,607					
30A		10/01/03 - 06/30/04	5,240	5,240					
31	Healthy Families Published Charges	07/01/03 - 09/30/03	11,000	11,000					
31A		10/01/03 - 06/30/04	6,000	6,000					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		12,531,404	9,646,671	2,884,733				

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

PAGE 1 OF 1

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
Legal Entity Number: 00036		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 05 - Other 24 Hour Services (All Other SFC)								
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	SMA per Unit							
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03						
8A		10/01/03 - 06/30/04						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units							
13	Medi-Cal Costs	07/01/03 - 09/30/03						
13A		10/01/03 - 06/30/04						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03						
14A		10/01/03 - 06/30/04						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs							

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO		CR					
County Code: 36							
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F
Legal Entity Number: 00036			Service	Service	Service	Service	Service
Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function
			85				
1	Allocation Percentage	100.00%	100.00%				
2	Total Units		4,549				
3	Gross Cost	1,759,636	1,759,636				
4	Cost per Unit		386.82				
5	SMA per Unit		183.46				
6	Published Charge per Unit		183.46				
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/03 - 09/30/03	1,927				
8A		10/01/03 - 06/30/04	1,941				
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03					
10A		10/01/03 - 06/30/04					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03					
11A		10/01/03 - 06/30/04					
12	Non-Medi-Cal Units		681				
13	Medi-Cal Costs	07/01/03 - 09/30/03	745,399	745,399			
13A		10/01/03 - 06/30/04	750,814	750,814			
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	353,527	353,527			
14A		10/01/03 - 06/30/04	356,096	356,096			
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	353,527	353,527			
15A		10/01/03 - 06/30/04	356,096	356,096			
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03					
21A		10/01/03 - 06/30/04					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03					
22A		10/01/03 - 06/30/04					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03					
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03					
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		263,423	263,423			

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO		CR		CR		CR		CR		CAW		CAW	
County Code: 36													
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A		B		C		D		E		F	
Legal Entity Number: 00036		Mode Total		Service Function		Service Function		Service Function		Service Function		Service Function	
Mode: 15 - Outpatient (Program 1)				09		30		60		70		09	
1	Allocation Percentage	100.00%		14.27%	36.65%	34.23%	5.61%	0.90%	4.86%				
2	Total Units	3,157,106		6,288,700	3,172,502	645,165	262,941	1,102,031					
3	Gross Cost	37,771,019	5,388,241	13,841,389	12,929,750	2,117,972	339,587	1,835,473					
4	Cost per Unit		1.71	2.20	4.08	3.28	1.29	1.67					
5	SMA per Unit		1.83	2.36	4.37	3.52	1.83	2.36					
6	Published Charge per Unit		1.63	2.11	4.23	3.44	1.63	2.11					
7	Negotiated Rate / Cost per Unit												
8	Medi-Cal Units	07/01/03 - 09/30/03	680,084	964,350	568,476	83,505							
8A		10/01/03 - 06/30/04	1,520,550	3,007,650	1,609,276	237,660							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		1,859	17,311	2,035							
9A		10/01/03 - 06/30/04		7,962	126,366	8,505							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03	3,785	8,860	1,194	100							
10A		10/01/03 - 06/30/04	24,141	51,122	6,377	395							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04	1,147	5,827									
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	3,148	19,950	4,692	427							
11A		10/01/03 - 06/30/04	23,091	98,409	11,854	1,765							
12	Non-Medi-Cal Units		901,160	2,122,511	826,956	310,773	262,941	1,102,031					
13	Medi-Cal Costs	07/01/03 - 09/30/03	5,874,226	1,160,701	2,122,528	2,316,863	274,133						
13A		10/01/03 - 06/30/04	16,554,300	2,595,127	6,620,259	6,558,715	780,199						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	6,298,597	1,244,554	2,275,866	2,484,240	293,938						
14A		10/01/03 - 06/30/04	17,750,232	2,782,607	7,098,526	7,032,536	836,563						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	5,835,226	1,108,537	2,034,779	2,404,653	287,257						
15A		10/01/03 - 06/30/04	16,449,848	2,478,497	6,346,564	6,807,237	817,550						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03											
16A		10/01/03 - 06/30/04											
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	81,324		4,092	70,552	6,681						
17A		10/01/03 - 06/30/04	560,458		17,524	515,013	27,921						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	87,200		4,387	75,649	7,163						
18A		10/01/03 - 06/30/04	600,947		18,790	552,219	29,938						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	84,148		3,922	73,226	7,000						
19A		10/01/03 - 06/30/04	580,585		16,800	534,528	29,257						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03											
20A		10/01/03 - 06/30/04											
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	31,155	6,460	19,501	4,866	328						
21A		10/01/03 - 06/30/04	181,007	41,202	112,519	25,990	1,297						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	33,406	6,927	20,910	5,218	352						
22A		10/01/03 - 06/30/04	194,084	44,178	120,648	27,867	1,390						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	30,259	6,170	18,695	5,051	344						
23A		10/01/03 - 06/30/04	175,551	39,350	107,867	26,975	1,359						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03											
24A		10/01/03 - 06/30/04											
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	14,783	1,958	12,825								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	15,851	2,099	13,752								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	14,165	1,870	12,295								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04											
29	Healthy Families Costs	07/01/03 - 09/30/03	69,807	5,373	43,910	19,123	1,402						
29A		10/01/03 - 06/30/04	310,113	39,409	216,598	48,312	5,794						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	74,850	5,761	47,082	20,504	1,503						
30A		10/01/03 - 06/30/04	332,517	42,257	232,245	51,802	6,213						
31	Healthy Families Published Charges	07/01/03 - 09/30/03	68,542	5,131	42,095	19,847	1,469						
31A		10/01/03 - 06/30/04	301,495	37,638	207,643	50,142	6,072						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03											
32A		10/01/03 - 06/30/04											
33	Non-Medi-Cal Costs		14,093,846	1,538,012	4,671,633	3,370,316	1,020,217	339,587	1,835,473				

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

CAW

CR

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		H	I	J	K	L	M	N
Legal Entity Number: 00036		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient (Program 1)								
		70	BG					
1	Allocation Percentage	0.03%	3.46%					
2	Total Units	4,911	671,927					
3	Gross Cost	12,200	1,306,407					
4	Cost per Unit	2.48	1.94					
5	SMA per Unit	3.52						
6	Published Charge per Unit	3.44						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03						
8A		10/01/03 - 06/30/04						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		4,911	671,927				
13	Medi-Cal Costs	07/01/03 - 09/30/03						
13A		10/01/03 - 06/30/04						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03						
14A		10/01/03 - 06/30/04						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		12,200	1,306,407				

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO			TBS	ASO	ASO	MHS	MHS	MHS	
County Code: 36									
Legal Entity: SAN BERNARDINO COUNTY D.B.H.			A	B	C	D	E	F	G
Legal Entity Number: 00036			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)				Function	Function	Function	Function	Function	Function
				58	30	60	30	60	32
1	Allocation Percentage		100.00%	8.99%	7.15%	1.83%			9.75%
2	Total Units			74,306	197,390	14,640			257,305
3	Gross Cost		3,731,896	335,583	266,850	68,245			363,835
4	Cost per Unit			4.52	1.35	4.66			1.41
5	SMA per Unit			2.36	2.36	4.37	2.36	4.37	2.36
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		13,702	48,367	3,990			62,251
8A		10/01/03 - 06/30/04		58,779	149,023	10,575			193,039
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03							345
10A		10/01/03 - 06/30/04							1,670
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			1,825		75			
13	Medi-Cal Costs	07/01/03 - 09/30/03	868,361	61,881	65,387	18,600			88,024
13A		10/01/03 - 06/30/04	2,776,971	265,459	201,463	49,296			272,961
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,701,144	32,337	114,146	17,436			146,912
14A		10/01/03 - 06/30/04	5,344,776	138,718	351,694	46,213			455,572
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A		10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	8,060						488
21A		10/01/03 - 06/30/04	24,061						2,361
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	17,217						814
22A		10/01/03 - 06/30/04	51,255						3,941
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03	419						
29A		10/01/03 - 06/30/04	235						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	939						
30A		10/01/03 - 06/30/04	496						
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		53,788	8,242		350			(0)

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1986 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO		MHS	MHS	MHS	MHS		
County Code: 36							
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		H	I	J	K	L	N
Legal Entity Number: 00036		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function
		62	33	34	35		
1	Allocation Percentage	30.99%	22.62%	4.42%	14.26%		
2	Total Units	600,840	753,270	150,270	488,400		
3	Gross Cost	1,156,546	844,047	164,787	532,003		
4	Cost per Unit	1.92	1.12	1.10	1.09		
5	SMA per Unit	4.37	2.36	2.36	2.36		
6	Published Charge per Unit						
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/03 - 09/30/03	144,315	184,275	40,807	96,806	
8A		10/01/03 - 06/30/04	430,425	567,060	104,543	375,694	
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC Units	07/01/03 - 09/30/03	165	210	1,320	5,115	
10A		10/01/03 - 06/30/04	2,305	1,515	3,600	10,665	
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03	150			120	
11A		10/01/03 - 06/30/04		210			
12	Non-Medi-Cal Units		23,480				
13	Medi-Cal Costs	07/01/03 - 09/30/03	277,789	206,482	44,749	105,449	
13A		10/01/03 - 06/30/04	828,517	635,397	114,642	409,235	
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	630,657	434,889	96,305	228,462	
14A		10/01/03 - 06/30/04	1,880,957	1,338,262	246,721	886,638	
15	Medi-Cal Published Charges	07/01/03 - 09/30/03					
15A		10/01/03 - 06/30/04					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	318	235	1,448	5,572	
21A		10/01/03 - 06/30/04	4,437	1,698	3,948	11,617	
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	721	496	3,115	12,071	
22A		10/01/03 - 06/30/04	10,073	3,575	8,496	25,169	
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03	289			131	
29A		10/01/03 - 06/30/04		235			
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	656			283	
30A		10/01/03 - 06/30/04		496			
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		45,196	(0)	0	0	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

County Code: 36		CR		CR	CAW	CAW		
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
Legal Entity Number: 00036		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach			10	20	10	20		
1	Allocation Percentage	100.00%	30.94%	62.63%	2.44%	3.99%		
2	Total Units		15,829	32,038	3,396	5,567		
3	Gross Cost	7,115,598	2,201,760	4,456,379	173,332	284,127		
4	Cost per Unit		139.10	139.10	51.04	51.04		
5	Non-Medi-Cal Units		15,829	32,038	3,396	5,567		
6	Non-Medi-Cal Costs	7,115,598	2,201,760	4,456,379	173,332	284,127		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH
PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

County Code: 36		MAA	MAA	MAA	MAA	MAA	MAA	
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
Legal Entity Number: 00036		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			03	06	09	13	16	19
1	Allocation Percentage	100.00%	11.60%	13.71%	4.90%	2.83%	1.26%	2.53%
2	Total Units		166,173	78,620	85,680	66,173	25,560	57,780
3	Total Expenditures	1,270,477	147,421	174,210	62,283	35,953	15,959	32,188
4	Cost per Unit		0.89	2.22	0.73	0.54	0.62	0.56
5	Non-Medi-Cal Costs	299,459						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

		MAA	MAA	MAA	MAA	MAA	
Legal Entity: SAN BERNARDINO COUNTY D.B.H.		H	I	J	K	L	M
Legal Entity Number: 00036		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities							
		23	26	29	34	39	
1	Allocation Percentage	8.78%	31.28%	2.56%	8.86%	11.68%	
2	Total Units	110,757	404,240	32,940	204,545	297,182	
3	Total Expenditures	111,533	397,447	32,496	112,626	148,361	
4	Cost per Unit	1.01	0.98	0.99	0.55	0.50	
5	Non-Medi-Cal Costs						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

CR

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G
Legal Entity Number: 00036		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		19,794					
3	Gross Cost	1,355,310	1,355,310					
4	Cost per Unit		68.47					
5	Non-Medi-Cal Units (Same as Line 2)		19,794					
6	Non-Medi-Cal Costs (Same as Line 3)	1,355,310	1,355,310					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO County Code: 36 Legal Entity: SAN BERNARDINO COUNTY D.B.H. Legal Entity Number: 00036			REIMBURSEMENT TYPE				SMA	PC			Costs	
			A	B	C	D	E	F	G	H	I	K
			Mode 55				Total Inpatient Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA					Mode 15 Program (2)	
1	Medi-Cal Costs	07/01/03 - 09/30/03					1,631,975		745,399	5,874,226	6,619,624	7,487,986
1A		10/01/03 - 06/30/04					3,332,786		750,814	16,554,300	17,305,114	20,082,085
2	Medi-Cal SMA	07/01/03 - 09/30/03					1,470,245		353,527	6,298,597	6,652,125	8,353,269
2A		10/01/03 - 06/30/04					3,005,580		356,096	17,750,232	18,106,328	23,451,103
3	Medi-Cal P. C.	07/01/03 - 09/30/03					1,672,552		353,527	5,835,226	6,188,754	6,188,754
3A		10/01/03 - 06/30/04					3,414,878		356,096	16,449,848	16,805,944	16,805,944
4	Medi-Cal N. R.	07/01/03 - 09/30/03										
4A		10/01/03 - 06/30/04										
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					1,470,245		353,527	5,835,226	6,188,754	868,361
5A		10/01/03 - 06/30/04					3,005,580		356,096	16,449,848	16,805,944	2,776,971
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03					13,645			81,324	81,324	81,324
6A		10/01/03 - 06/30/04					416,158			560,458	560,458	560,458
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03					12,228			87,200	87,200	87,200
7A		10/01/03 - 06/30/04					372,942			600,947	600,947	600,947
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					14,000			84,148	84,148	84,148
8A		10/01/03 - 06/30/04					427,000			580,585	580,585	580,585
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03										
9A		10/01/03 - 06/30/04										
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03					12,228			84,148	84,148	84,148
10A		10/01/03 - 06/30/04					372,942			580,585	580,585	580,585
11	Total SD/MC + Crossover Gross Reim.	07/01/03 - 09/30/03					1,482,472		353,527	5,919,375	6,272,902	868,361
11A		10/01/03 - 06/30/04					3,378,522		356,096	17,030,433	17,386,529	2,776,971
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								31,155	31,155	8,060
12A		10/01/03 - 06/30/04								181,007	181,007	24,061
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								33,406	33,406	17,217
13A		10/01/03 - 06/30/04								194,084	194,084	51,255
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								30,259	30,259	30,259
14A		10/01/03 - 06/30/04								175,551	175,551	175,551
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03										
15A		10/01/03 - 06/30/04										
16	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 09/30/03								30,259	30,259	8,060
16A		10/01/03 - 06/30/04								175,551	175,551	24,061
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04								14,783	14,783	14,783
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04								15,851	15,851	15,851
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04								14,165	14,165	14,165
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04										
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03					1,482,472		353,527	5,949,633	6,303,161	876,421
21A		10/01/03 - 06/30/04					3,378,522		356,096	17,205,984	17,562,080	2,801,032
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04								14,165	14,165	14,165
23	Healthy Families Cost	07/01/03 - 09/30/03					10,721			69,807	69,807	419
23A		10/01/03 - 06/30/04					5,848			310,113	310,113	235
24	Healthy Families SMA	07/01/03 - 09/30/03					9,607			74,850	74,850	939
24A		10/01/03 - 06/30/04					5,240			332,517	332,517	496
25	Healthy Families P. C.	07/01/03 - 09/30/03					11,000			68,542	68,542	68,542
25A		10/01/03 - 06/30/04					6,000			301,495	301,495	301,495
26	Healthy Families N. R.	07/01/03 - 09/30/03										
26A		10/01/03 - 06/30/04										
27	Healthy Families Gross Reim.	07/01/03 - 09/30/03					9,607			68,542	68,542	419
27A		10/01/03 - 06/30/04					5,240			301,495	301,495	235
28	Less: Patient and Other Payor Revenue											
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03					6,481			18,696	18,696	18,696
28A		10/01/03 - 06/30/04					690,162			304,797	304,797	304,797
29	Enhanced SD/MC (Children) Revenue											
30	Enhanced SD/MC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)		383,914	345,087	541,476	1,270,477						
33	Medi-Cal Eligibility Factor (Average)			86.22%								
34	Revenue - MAA											
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	383,914	228,525	356,579	971,018	1,475,991		353,527	5,930,937	6,284,465	876,421
35A		10/01/03 - 06/30/04					2,688,360		356,096	16,901,187	17,257,283	2,801,032
36	Net Due - Enhanced SD/MC (Refugees)									14,165	14,165	14,165
37	Net Due - Healthy Families	07/01/03 - 09/30/03					9,607			68,542	68,542	419
37A		10/01/03 - 06/30/04					5,240			301,495	301,495	235
38	Amount Negotiated Rates Exceed Costs											
38A	SD/MC (Includes Children)	07/01/03 - 09/30/03										
38A		10/01/03 - 06/30/04										
39	Enhanced SD/MC (Refugees)											
40	Healthy Families	07/01/03 - 09/30/03										
40A		10/01/03 - 06/30/04										

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT
MH 1979 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SAN BERNARDINO
County Code: 36

Legal Entity: SAN BERNARDINO COUNTY D.B.H.		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00036		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement		4,860,994	27,556,858	32,417,852						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement		8,319,502	14,379,837	22,699,339						
3	Total Medi-Cal Direct Service Gross Reimbursement				55,117,191						
4	Medi-Cal Administrative Reimbursement Limit				8,267,579						
5	Medi-Cal Administration				6,824,168						
6	Medi-Cal Administrative Reimbursement				6,824,168	3,412,084					3,412,084
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement		14,848	370,692	385,540						
7A	Contract Providers Healthy Families Direct Service Gross Reim.			141,369	141,369						
7B	Total Healthy Families Direct Service Gross Reimbursement				526,909						
8	Healthy Families Administrative Reimbursement Limit				52,691						
9	Healthy Families Administration				80,020						
10	Healthy Families Administrative Reimbursement				52,691				34,249		34,249
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	383,914			383,914	191,957					191,957
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	228,525			228,525	114,263					114,263
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	358,579			358,579					268,934	268,934
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				716,842					537,632	537,632
15	Other SD/MC Utilization Review (County Only)				207,631	103,816					103,816
16	SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03		1,475,991	7,122,567	8,598,559		4,673,317			4,673,317
16A		10/01/03 - 06/30/04		2,688,360	19,858,703	22,547,063		11,938,670			11,938,670
17	Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			38,319	38,319			24,907		24,907
17A		10/01/03 - 06/30/04			199,612	199,612			129,747		129,747
18	Enhanced SD/MC Net Reimb. (Refugees)			14,165	14,165				14,165		14,165
19	Total SD/MC Reimbursement Before Excess FFP										21,409,492
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										21,409,492
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										21,409,492
24	Healthy Families Net Reimbursement	07/01/03 - 09/30/03		9,607	68,961	78,569			51,070		51,070
24A		10/01/03 - 06/30/04		5,240	301,731	306,971			199,531		199,531
25	Total Healthy Families Reimbursement Before Excess FFP										284,850
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										284,850

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
CALCULATION OF SHORT-DOYLE/MEDI-CAL
FOR FY 2003 - 2004 HOSPITAL ADMINISTRATIVE DAYS
MH 1991 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

COUNTY NAME: SAN BERNARDINO		LEGAL ENTITY			NAME: SAN BERNARDINO COUNTY D.B.H.			
COUNTY CODE: 36					NUMBER: 00036			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$236.38	07/01/03 - 07/31/03	106	\$ 25,056			\$25,056
		\$236.82	08/01/03 - 09/30/03	209	\$ 49,495			\$49,495
		\$236.82	10/01/03 - 12/31/03	319	\$ 75,546			\$75,546
		\$236.82	01/01/04 - 06/30/04	449	\$ 106,332			\$106,332
							Sub Total:	\$ 256,429
Children EMC		\$236.38	07/01/03 - 07/31/03					
		\$236.82	08/01/03 - 09/30/03					
		\$236.82	10/01/03 - 12/31/03					
		\$236.82	01/01/04 - 06/30/04					
							Sub Total:	
Refugees EMC		\$236.38	07/01/03 - 07/31/03					
		\$236.82	08/01/03 - 09/30/03					
		\$236.82	10/01/03 - 12/31/03					
		\$236.82	01/01/04 - 06/30/04					
							Sub Total:	
Healthy Families		\$236.38	07/01/03 - 07/31/03					
		\$236.82	08/01/03 - 09/30/03					
		\$236.82	10/01/03 - 12/31/03					
		\$236.82	01/01/04 - 06/30/04					
							Sub Total:	
GRAND TOTAL					\$ 256,429			\$ 256,429